

**Cornell University**  
Cooperative Extension  
Essex County

## Civil Rights Complaint Form

### Title VI Civil Rights

#### Know Your Rights

Title VI of the Civil Rights Act of 1964 prohibits discrimination on the basis of race, color, or national origin in programs and activities receiving Federal financial assistance. Specifically, Title VI provides that "no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance." (42 U.S.C. Section 2000d).

### Section I. Your Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City and State: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_ Phone No: \_\_\_\_\_  
Accessible Format Request  Large Print  Audio Tape  TDD  Other \_\_\_\_\_

### Section II

Are you filing this complaint on your own behalf?  Yes  No

(If you answered "yes" to this question, please go to Section III)

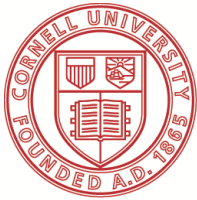
If you answered "no", please provide the name and relationship of the person for whom you are complaining:

\_\_\_\_\_

Please explain why you are filing for a third party: \_\_\_\_\_

\_\_\_\_\_

Are you filing this complaint on your own behalf?  Yes  No



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**Section III**

I believe the discrimination I experienced was based on (check all that apply)

Race     Color     National Origin

Other \_\_\_\_\_

Date of the Alleged Discrimination: \_\_\_\_\_

Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person (s) who discriminated against you (if known) as well as names and contact information of any witness. If more space is needed, please use the back of this form.

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**Section IV**

Have you previously filed a Title VI complaint with this agency?  Yes     No

**Section V**

Have you filed this complaint with any other Federal, State or local agencies, or with any Federal or State court?  Yes     No

If yes, check all that apply:

Federal Agency     Federal Court     State Agency     State Court     Local Agency

Please provide information about a contact person at the agency/court where the complaint was filed.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_



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**Section VI**

Name of agency complaint is against: \_\_\_\_\_

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date are required below

\_\_\_\_\_

Signature

Date

Please submit this form in person at the address below, or mail this form to:

**Cornell Cooperative Extension of Essex County**  
**Rick LeVitre, Executive Director**  
**PO Box 388, 3 Sisco Street**  
**Westport, NY 12993**

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